

N# 30428

NOTICE OF VIOLATION

Date of Violation	Time	☐ AM ☒ PM	Day of Week	MD	CD
11/11/16	1:45		S M T W T F S	107	13

Name (First, Middle, Last)

Address

City

Driver's Lic./ID No.	State	Class	Age	Birth Date
				/ /

Sex	Hair	Eyes	Height	Weight	Race

Vehicle License No. or VIN

Yr. of Veh.	Make	Model	Body Style	Color

Contractor's License Number

Company Name

Company Address

City State Zip Code

Violation Description

1. SAME 5600 OVERGROWN VEG OBSTRUCTING SIDEWALK (WET SILVER LAKE)
- 2.
- 3.

☐ See Reverse Side for Violation

Location of Violation(s)

Violation Noticed was:

☐ Posted ☐ Hand Served ☒ Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator Serial Number

Investigator Telephone Number Office Hours

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature

YOU ARE REQUIRED TO:

- ☐ COMPLY WITH THIS NOTICE AT ONCE
- ☒ COMPLY WITH THIS NOTICE WITHIN 5 DAYS FROM THE DATE SHOWN ABOVE.
- ☐ APPEAR FOR A HEARING ON _____ AT
1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____
- ☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

019811

NOTICE OF VIOLATION

Date of Violation	Time	☐ AM ☐ PM	Day of Week	MD	CD
4/23/2016	11:33		S M T W T F S	108	13

Name (First, Middle, Last)

Address

City

Driver's Lic./ID No.	State	Class	Age	Birth Date
				/ /

Sex	Hair	Eyes	Height	Weight	Race

Vehicle License No. or VIN

Yr. of Veh.	Make	Model	Body Style	Color

Contractor's License Number

Company Name

Company Address

City State Zip Code

Violation Description

1. CANAL 6637
2. TRASH CAN VIOLATION
3. FINAL WARNING!

☐ See Reverse Side for Violation

Location of Violation(s)

Violation Noticed was:

☒ Posted ☐ Hand Served ☐ Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator Serial Number

Investigator Telephone Number Office Hours

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X Signature

YOU ARE REQUIRED TO:

- ☐ COMPLY WITH THIS NOTICE AT ONCE
- ☒ COMPLY WITH THIS NOTICE WITHIN 1 DAYS FROM THE DATE SHOWN ABOVE.
- ☐ APPEAR FOR A HEARING ON _____ AT
1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____
- ☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
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